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Revision: HCFA-PM-91-4 (BPD) ATT.37 1991

CMB No.: 0938-

State/Territory: ___ New York

42 CFR 447.51 through 447.58 4.18 Recipient Cost Sharing and Similar Charges

Unless a waiver under 41 CFF 431.55(g) applies, (5) deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.

1916(a) and (r of the Act

- Except as specified in items 4.18(b)(4), (5), (b) and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) uncer the plan:
 - No enrollment fee, premium, or similar charge is $\{1\}$ imposed under the plan.
 - No deductible, coinsurance, copayment, or similar (2) charge is imposed under the plan for the following:
 - Services to individuals under age 18, or (i)under--

// Age 19

// Age 20

Age 2:

Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

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AUGUST 1991

State/Territory: New York

Citation

4.18(b)(2) (Continued)

42 CFR 447.51 through

447.5E

- (iii) All services furnished to pregnant women.
 - 17 Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
- (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
- (V) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
- (vi) Family planning services and supplies furnished to individuals of childbearing age.
- Services furnished by a health maintenance (vii) organization in which the individual is enrolled.

1916 of the Act, P.L. 99-272, (Section 9505)

(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

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Revision: HCFA-PM-91--CME No.: 0938-AUGUST 1991 State/Territory: New York 4.18(b) (Continued) Citation Unless a waiver under 41 CFR 431.55(c) 42 CFR 447.51 (3) applies, nominal deductible, coinsurance, through copayment, or similar charges are imposed for 447.46 services that are not excluded from such charges under item (b)(2) above. Not applicable. No such charges are imposec. For any service, no more than one type of (1) charge is imposed. (11) Charges apply to services furnished to the following age groups: la or older 19 or older 20 or older 21 or older <u>/_/</u> Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

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Revision: HCFA-PM-91-1 (BPD)

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New York

Citation (

Citation 42 CFR 447.51

42 CFR 447.51 through 447.58

4.18(b)(3) (Continued)

- (iii) For the categorically neety and qualified Medicare beneficiaries, <u>ATTACHMENT 4.18-A</u> specifies the:
 - (A) Service(s) for which a charge(s) is applied;
 - (B) Nature of the charge imposed on each service;
 - (C) Amount(s) of and basis for determining the charge(s);
 - (D) Method used to collect the charge(s);
 - (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
 - (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
 - (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.
 - // Not applicable. There is no maximum.

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OME No.: 0938-Revision: HCFA-PM-91-1 (BPD) AUGUST 1991 New York State/Territory: Citation 4.18(b)(4) / / A monthly premium is imposed on pregnant 1916(c) of women and infants who are covered under the Act section 1902(a)(10)(A)(11)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes unduhardship for waiving payment of premiums by recipients. 4.18(b)(5) /// For families receiving extended benefits 1902(a)(52) during a second 6-month period under and 1925(b) of the Act section 1915 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act. 4.18(b)(6) // A monthly premium, set on a sliding scale, 1916(d) of imposed on qualified disabled and working the Act individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not

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exceed 200 percent) of the Federal poverty

level applicable to a family of the size, involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State

uses for determining the premium.

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		56c	Ullu
Revision:	HCFA-PM-91- 4 (B AUGUST 1991	PD)	OMB No.: 0938-
	State/Territory:	New York	
Citation	4.18(c) <u>/</u> X/	Individuals are covere the plan.	ed as medically needy under
42 CFR 44* through 44*	47.58 (1) <u>/</u>	An enrollment fee, imposed. ATTACHMEN amount of and liable subject to the maxis CFR 447.52(b) and cregarding the effect non-payment of the similar charge. No deductible, coin	premium or similar charge is NT 4.18-B specifies the lity period for such charges mum allowable charges in 42 defines the State's policy on recipients of enrollment fee, premium, or insurance, copayment,
447.58		the following:	is imposed under the plan for ' ividuals under age 18, or
		/ Age 19	
		$\angle \overline{/}$ Age 20 $\angle \overline{X}$ Age 21	
		are age 18,	ategories of individuals who but under age 21, to whom y are listed below, if
			ξ,

TN No. 9 Supersedes TN No. 9 Approval Date JAN 2 5 1994 Effective Date NOV 1 - 1993

HCFA ID: 7982E

56d. HCFA-PM-91-4 Revision: (BPD) OMB No.: 0938-AUGUST 1991 New York State/Territory: Citation 4.18 (c)(2) (Continued) 42' CFR 447.51 Services to pregnant women related to the through pregnancy or any other medical condition 447.58 that may complicate the pregnancy. (iii) All services furnished to pregnant women. Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy. (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs. (v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4). (vi) Family planning services and supplies furnished to individuals of childbearing age. 1916 of the Act, P.L. 99-272 Services furnished to an individual (vii) receiving hospice care, as defined in section 1905(c) of the Act (Section 9505) 5.

(Section 3303)		section	1303(0) 01	che Ac	٠.		
447.51 through 447.58	(viii)	Services provided by a health maintenance organization (HMO) to enrolled individuals					
		_	t applicabl	le. No	such	charges	are

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HCFA ID: 7982E

Revision:	HCFA-PM-91-4 (BE AUGUST 1991	PD) OMB No.: 0938-
	State/Territory:	New York
<u>Citation</u>	4.18(c)(3)	Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.
		// Not applicable. No such charges are . imposed.
	(i) For any service, no more than one type of charge is imposed.
	(i	 i) Charges apply to services furnished to the following age group:
		/_/ 18 or older
		<u>/</u> / 20 or older
		$\sqrt{x'}$ 21 or older
		Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.

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Revision:	HCFA-PM-91 (BPD)		OMB No.: 0936-
	State/Territory:	New Yo	rk
Citation	4.18(c)(3) (05	ntinue	a }
447.51 th	rougn . 1111)		he medically needy, and other optionals, although the specifies the:
447.58		(4)	Service(s) for which charge(s) is applied;
		(∃)	Nature of the large imposed on each service:
		(C)	Amount(s) of and basis for determining the charge(s):
		(C)	Method uses to collect the charge(s);
		(E)	Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
		(F)	Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
		(G)	Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.
		/	Not applicable. There is no maximum.

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